

Application to Replace Permanent Resident Card

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	Given Name	Middle Initial
U.S. Mailing Address - C/O		
Street Number and Name		Apt. #
City		
State		ZIP Code
Date of Birth (Month/Day/Year)		Country of Birth
Social Security #		A #

Part 2. Application type.

1. My status is: (check one)

- a. ☐ Permanent Resident - (Not a Commuter)
b. ☐ Permanent Resident - (Commuter)
c. ☐ Conditional Permanent Resident

2. Reason for application: (check one)

I am a Permanent Resident or Conditional Permanent Resident and:

- a. ☐ my card was lost, stolen or destroyed. I have attached a copy of an identity document.
b. ☐ my authorized card was never received. I have attached a copy of an identity document.
c. ☐ my card is mutilated. I have attached the mutilated card.
d. ☐ my card was issued with incorrect information because of INS administrative error. I have attached the incorrect card and evidence of the correct information.
e. ☐ my name or other biographic information has changed since the card was issued. I have attached my present card and evidence of the new information.

I am a Permanent Resident and:

- f. ☐ my present card has an expiration date and it is expiring.
g. ☐ I have reached my 14th birthday since my card was issued. I have attached my present card.
h. 1. ☐ I have taken up Commuter status. I have attached my present card and evidence of my foreign residence.
h. 2. ☐ I was a Commuter and am now taking up residence in the U.S. I have attached my present card and evidence of my residence in the U.S.
i. ☐ my status has been automatically converted to permanent resident. I have attached my Temporary Status Document.
j. ☐ I have an old edition of the card.

Part 3. Processing information.

Mother's First Name	Father's First Name
City of Residence where you applied for an Immigrant Visa or Adjustment of Status	Consulate where Immigrant Visa was issued or INS office where status was Adjusted
City/Town/Village of Birth	Date of Admission as an immigrant or Adjustment of Status

Continued on back.

FOR INS USE ONLY

Returned _____ _____ _____	Receipt
Resubmitted _____ _____ _____	
Reloc Sent _____ _____ _____	
Reloc Rec'd _____ _____ _____	
<input type="checkbox"/> Applicant Interviewed	

Status as _____ Verified by _____
Class _____ Initials _____
FD-258 forwarded on _____
I-89 forwarded on _____
I-551 seen and returned _____ (Initials)
Photocopy of I-551 verified _____ (Initials)

Name Date
Sticker # _____
(ten-digit number)

Action Block

To Be Completed by Attorney or Representative, if any
☐ Fill in box if G-28 is attached to represent the applicant

VOLAG#
ATTY State License #

Part 3. Processing information (continued):

If you entered the U.S. with an Immigrant Visa, also complete the following:

Destination in U.S. at
time of Admission

Port of Entry where
Admitted to U.S.

Are you in deportation or exclusion proceedings?

☐ No

☐ Yes

Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been judged to have abandoned your status?

☐ No

☐ Yes

If you answer yes to any of the above questions, explain in detail on a separate piece of paper.

Part 4. Signature.

(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature

Date

Daytime Phone Number

Please Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form, if other than above. *(Sign below)*

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

Date

Daytime Phone Number

Name and Address of Business/Organization (if applicable)
